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JOB IR M. K. MASAGATANI CHAIRMAN HOLLES COMMISSION 12 AM 10: 36

STATE OF HAWAII DEPARTMENT OF HAWAHAN HOME LANDS

P.O. BOX 18 V

HONOLULU, HAWAII 96805

REQUEST FORM FOR NON-HOMESTEADING LAND USE PURPOSES
PART I: APPLICANT INFORMATION
Name: John Joshua & Rob Glater Address: 87-4480 Hakimo Rd. Waiange 96792
Address: 87-4480 Hakimo Rd. Waignae 96792
Phone No.: 256.5660 Cell: 285-5435 email:
If Corporation/Organization/Company/LLC/Non-Profit:
Name: Mana O Ka La golar LLC
Name: Mana O Ka La golar LLC Address: 87-4480 Hakimo Rd. Waianae, 96792
Phone No.: 256.5660 Cell: 285-5435 email:
Requesting Organization is a Non-Profit
Type of Non-Profit: Private Nonprofit – governed by self appointed board Member Nonprofit – governed by voting members Homestead Organization – governed by HHCA beneficiary members
Requesting Organization is For Profit - Individual or Business
☐ Individual ☐ Sole Proprietorship ☐ Partnership
Corporation Limited Liability Corporation Dther
Is an Individual HHCA Beneficiary or is Owned by an HHCA Beneficiary [Yes [No
Requesting Organization is a Government Agency
Federal County
Officers and/or Principal Representatives: John Johna, Rob Glater
Mission of Organization: Help Hawaii became 1895 dependent on fortil fuels for the generation of electricity by developing photovoltaic (PV) generation plant
Date Incorporated: 19-1 State of Incorporation: HOWAII
Federal Tax ID#: 46-0610978 State Tax ID#: W22954630
PART 2: NON-HOMESTEADING LAND USE REQUEST
Describe proposed non-homesteading land use envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted. We have to envisioned under this request as submitted.
Please attach additional information if necessary

Island: Oahu	Acreage/Sq.Ft. 29 17 Tax Map Key No.: 3	4 9,6 00 Term:_ 6003022	
Indicate Character of U	-		
☐ Agricultural	☐ Commercial	Church	
Pastoral	Industrial	Community	Facility
Does applicant have an use purposes? Yes	y existing land disposition iss	ued by Hawaiian home	lands for non-homesteading
If yes, under what type	• •		
J , J1			
Describe how proposed	land use request will have dir	rect or cignificant indire	ot hanafit to the Trust and/or
its Beneficiaries (Applie	cants & Lessees): Mons	My revenue	Stream for
land that i	s currently un	used and v	not generating
cash flow	This revenue	Stream WY	1 continue for
20+ year	2		
f wi derwinen wi en en fin fin de	*********************************		
	d representative submits this	request for use of Hawa	iian home lands under non-
nomesteading purposes			
	n process that will be subject		ation and consideration by
	uire additional information to t constitute any form of DHH		comestanding land use reques
as submitted;	t constitute any form of Diffi	L approvai to titis noti-i	iomesteading fand use reques
	f the trust, DHHL reserves the	right to exercise its pro	ident authority pursuant to an
in accordance with the	he Hawaiian Homes Commiss	sion Act (Section III, Se	ction 204(a)(2), Section
220.5, Section 207(c), Hawaii Revised Statutes, C	hapter 171, as amended	and the Hawaii
Administrative Rule			***
Once the application	is deemed complete, the non- l on the DHHL website for be	homesteading land use	request will be posted for a
	Regional Specific Beneficiary		
Beneficiary Consulta		Consultation will be re	equired per the DTML
	received will be provided to the	he Hawaiian Homes Co	mmission if/when approval
for disposition is con	sidered by the HHC;		applora
. Associated non-refur	idable processing and docume	entation fees shall be ass	sessed for each respective
disposition request as			
Revocable Permit - \$100	.00 License - \$200.00 G	eneral Lease - Cost Doc	cumentation (all) \$75.00
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rint Individual or Org	anization Name	Date	
John Jo	shua-llana	(10)	
		TW =	
uthorized Representa	uve wame & title	Signature	
			lest Form No. 132078

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